

Primary Care Patients Who Complete Colonoscopy after Referral and Those Who Do Not: Are they Different?

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Up to 50% of people in one safety net hospital in the Midwest who received a recommendation for colonoscopy from their healthcare provider failed to complete the test. Research is needed to understand the complex interplay between individual, social, and health care systems and their influence on colonoscopy completion. The purpose of this study was to compare people who completed colonoscopy after receiving a referral with those who did not on demographic and clinical characteristics, CRC knowledge, and health beliefs (perceived risk, perceived benefits, perceived barriers). Quantitative data were collected via telephone interviews from 90 patients; 46 who completed colonoscopy and 44 non-completers. In-depth interviews were conducted with 42 participants to examine perceptions of barriers and facilitators to test completion. Data were analyzed using two-sample t-tests, chi-square tests, Fisher's exact tests and content analysis. People who completed colonoscopy had a higher mean CRC knowledge score ($p=.0008$), and a smaller proportion had hypertension ($p=.03$). No group differences in perceived risk ($p=0.81$), perceived benefits ($p=0.66$), and perceived barriers scores ($p=0.24$) were observed. Non-completers frequently reported that life events interfered with their ability to keep their appointments. While receipt of a provider recommendation is the most important predictor of CRC screening, results showed that receipt of a recommendation with immediate referral to an endoscopist and automatic colonoscopy appointment-making were not sufficient to insure test completion. Education and tailored counseling about the need for and benefits of colonoscopy, along with reminders and tangible assistance to complete the test in the context of competing demands, may be required to increase completion rates.

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